FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/20/2011 New BUSINES + 3/20/11 Renewals

-	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private				
	Passenger	\$2,000,000 est	0%		
	Commercial				
2	Automobile Physical Damag		_		
	Private Passenger	\$1,000,000 est	-11.20%		
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
3 .	Fidelity				
7.	Surety				
3.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other				
10.	Life of Insurance				
4	Life of madranee				
•	Does filing only apply to certa	in territory (territories) or	certain		
	Classes? If so,				
	specify: This filir	ng applies to all territories and	all classes.		
	Brief description of filing. (If fi	iling follows rates of an ac	dvisory		
	Organization, specify	J	-		
	organization):	This filing modifies our	Symbol Factors (between 10 and		
	13) and the Vehicle Age Factors (b	etween 7 and older). The cha	anges were based on the		
	competitive market.				
	*Adjusted to reflect all prior ra	ite changes.			
	**Change in Company's prem	ium level which will resul	t from application of new		
	rates.				
			Casualty Company		
			me of Company		
			- Underwriting Manager		
			Official – Title		

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate lev	vel produced by rate revision effective	04/1/2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability <u>Private</u> Passenger Commercial	292,257	4.7%
Automobile Physical Damage	202,207	
	195,998	0.0%
 Liability Other Than Auto Burglary and Theft 		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage _		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
	erritories) or certain classes? If so, specify:	No
	rates of an advisory organization, specify on tion, Unisured Motorist, and Combined Sing	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rates.	
	A • • • • • • • • • • • • • • • • •	1.0
	American Fire and	d Casualty Insurance Company lame of Company
	Tim Carlson	n, Manager - AM Product
		Official – Title

SUMMARY SHEET

	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	volume (minois)	Change (FOI -)
1.	Automobile Liability Private Passenger	\$5,771,131	+3.3
	Commercial	Φ3,771,131	
2.	Automobile Physical Damage		
	Private Passenger Commercial	3,444,091	+2.6
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Dags f	lling only onnly to contain torritory	territories) or certain classes? If so, specify:	
No			
110			
Drief	lecarintian of filing. (If filing follow	s rates of an advisory organization, specify o	organization):
Pevio	se base rates and several rules associ	ated with our rating plan	organization).
ROVE	oc base rates and several rules associ	acod with our rating plan.	

Amica Mutual Insurance Company Name of Company

Roland D. Letourneau Assistant Vice President Official - Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective $\underline{\text{NB: }02/19/11}$ Ren: $\underline{03/27/11}$.

	(1) <u>Coveraqe</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)"
1.	Automobile Liability Private Passenger Commercial	\$16,611,206	1.5%
2.	Automobile Physical Damage Private Passenger Commercial	\$11,842,658	-0.3%
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
o.	Fidelity Surety		
, .	Doiler and Machiners		
	Boiler and Machinery Fire		
			
	Extended Coverage	<u> </u>	
	Inland Marine		
	Homeowners Commercial Multi-Peril		
	Crop Hail		<u> </u>
15.	Other . Line of Insurance		
	nine of insurance		
	s filing only apply to certai	n territory (territories)	or certain classes? If so,
ape	City.		

Brief description of filing. (If filing following rates of an advisory organization, specify organization): Enhancements to our Personal Auto Program which include changes to Base Rates, Territories, Symbols, Model Years, Limits/Deductibles, Age/Type/Use, Discounts/Surcharges, Unlicensed Recreational Vehicles, and Miscellaneous items. Please see the filing memorandum for a detailed list of the changes made with this filing.

Auto-Owners Insurance Company
Name of Company

Hilary Ludema, Manager

Personal Automobile Actuarial Dept.

Official - Title

30004 (6-77)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or	rate level produced by rate revision
effective 02/01/2011	

(1)	(2)	(3)
_	Annual Premium	Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Priv	vate	
Passenger	2,406,733	0%
Commercial		
Automobile Physical Da	ımag	
Private Passenger	2,157,932	0%
Commercial		
Liability Other Than Aut	0	
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance	9	
Classes? If so,	o certain territory (territories) o No	r certain
	g. (If filing follows rates of an	advisory
Organization, specify	0044	- Combal 9 Identifications
organization):	2011 model year Auto	o Symbol & Identifications
*Adjusted to reflect all p	prior rate changes.	
**Change in Company's rates.	s premium level which will res	ult from application of new
14,00.	Badger Mutual In	surance Company
	Na	ame of Company
	Terry Falls - Worl	kers' Compensation Coordinate

Official - Title

		te level produced by rate revision effective	2/15/2011
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	1,116,878	+9.52%
	Commercial	911,100	+4.59%
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	- ded description of the second of the secon	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
No Brief		s rates of an advisory organization, specify	
	djusted to reflect all prior rate change		
* C	hange in Company's premium level was all from application of new rates.		
* C	hange in Company's premium level w	vhich will	kers Standard Insurance
* C	hange in Company's premium level w	vhich will Banl	pany
* C	hange in Company's premium level w	vhich will Banl	
** C	hange in Company's premium level w	vhich will Banl Com	pany

Change in Company's premit revision effective 4-1-11 (r		by rate		
(1)	(2)	(3)		
, – ,	Annual Premium	Percent		
Coverage	<pre>Volume (Illinois)*</pre>	Change (+ or -)**		
1. Automobile Liability				
Private Passenger	\$104,685,410	0.0		
Commercial				
2. Automobile Physical Damage Private Passenger		No. 20 to 10		
Commercial				
3. Liability Other Than Auto				
4. Burglary and Theft				
5. Glass				
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage		the state of the s		
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail				
15. OtherLine of Insurance				
Line of insurance				
Does filing only apply to certain territory (territories)or certain classes? If so, specify: N_0				
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing we are revising Rule 9 O., Encompass Easy Pay Plan Discount to allow application of the discount at time of endorsement.				
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	vel which will			
	Engompage Proporty and Co	equalty Company		
	Encompass Property and Ca Name of Compa			
	Name of compa			

Andi M. Colosi – State Filings Project Manager
Official - Title

H29219D

Section 754, EXHIBIT A

Summary Sheet (Form RF-3)

FORM (RF-3)

Change in	Company's premium or rate level produced by rate revision	n
effective	March 21, 2011	

(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>		(3) Percent Change (+ or 1)*
Automobile Liability Private Passenger	\$2,973,255	(BI/PD/UM/MP)	-1.4%
Commercial Automobile Physical Damage Private Passenger Commercial	\$1,778,103	_ _(Comp/Coll/Tow/Rent.)	-0.9%
Liability Other Than Auto		•	
Burglary and Theft		_	
Glass		-	
Fidelity		-	
Surety		-	
Boiler and Machinery		-	
Fire		-	
Extended Coverage		-	
Inland Marine		_	
Homeowners		-	
Commercial Multi-Peril		_	
Crop Hail		_	
Other		_	
Line of Insurance		-	
Does fling only apply to certain territory	(territories) or certai	n	
Does fling only apply to certain territory classes? If so, specify: Brief Description of filing (If filing follow organization, specify organization):	N/A /s rates of an advisor	ry lecreased for Medical Pay	ments and Rental
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages, Additional	/s rates of an adviso Rates are being o	ry lecreased for Medical Pay e being added for Medical	Payments, Towing
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional	vs rates of an advisor Rates are being of coverage options are The vehicle surchar	ry lecreased for Medical Pay be being added for Medical ge list is being revised. Th	Payments, Towing e down payment
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional	vs rates of an advisor Rates are being of coverage options are The vehicle surchar	ry lecreased for Medical Pay be being added for Medical ge list is being revised. Th	Payments, Towing e down payment
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages, Additional	vs rates of an advisor Rates are being of coverage options are The vehicle surchar	ry lecreased for Medical Pay be being added for Medical ge list is being revised. Th	Payments, Towing e down payment
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional	vs rates of an advisor Rates are being of coverage options are The vehicle surchar	ry lecreased for Medical Pay be being added for Medical ge list is being revised. Th	Payments, Towing e down payment
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional	vs rates of an advisor Rates are being of coverage options are The vehicle surchar	ry lecreased for Medical Pay be being added for Medical ge list is being revised. Th	Payments, Towing e down payment
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional	vs rates of an advisor Rates are being of coverage options are The vehicle surchar	ry lecreased for Medical Pay be being added for Medical ge list is being revised. Th	Payments, Towing e down payment
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional	vs rates of an advisor Rates are being of coverage options are The vehicle surchar	ry lecreased for Medical Pay be being added for Medical ge list is being revised. Th	Payments, Towing e down payment
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional	vs rates of an advisor Rates are being of coverage options are The vehicle surchar	ry lecreased for Medical Pay be being added for Medical ge list is being revised. Th	Payments, Towing e down payment
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional and Rental Reimbursement coverages fee is being changed to \$10. The renev	N/A //s rates of an advisor Rates are being of coverage options are The vehicle surchar wal discount will now	ry lecreased for Medical Pay be being added for Medical ge list is being revised. Th	Payments, Towing e down payment
classes? If so, specify: Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional and Rental Reimbursement coverages fee is being changed to \$10. The renew	N/A //s rates of an advisor Rates are being of coverage options are The vehicle surchar val discount will now	ry lecreased for Medical Pay e being added for Medical ge list is being revised. Th be applied on an annual r	Payments, Towing e down payment
Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional and Rental Reimbursement coverages fee is being changed to \$10. The renev	N/A //s rates of an advisor Rates are being of coverage options are The vehicle surchar val discount will now s. /hich will result from	ry lecreased for Medical Pay be being added for Medical ge list is being revised. The be applied on an annual r	Payments, Towing the down payment enewal basis.
classes? If so, specify: Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional and Rental Reimbursement coverages fee is being changed to \$10. The renew	N/A //s rates of an advisor Rates are being of coverage options are The vehicle surchar val discount will now s. /hich will result from	ry lecreased for Medical Pay be being added for Medical ge list is being revised. The be applied on an annual re the application of	Payments, Towing the down payment enewal basis.
brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional and Rental Reimbursement coverages. fee is being changed to \$10. The renevant coverages. * Adjusted to reflect all prior rate change to the change in Company's premium level was new rates.	N/A //s rates of an advisor Rates are being of coverage options are The vehicle surchar val discount will now s. /hich will result from	ry lecreased for Medical Pay be being added for Medical ge list is being revised. The be applied on an annual r	Payments, Towing the down payment enewal basis.
classes? If so, specify: Brief Description of filing (If filing follow organization, specify organization): Reimbursement coverages. Additional and Rental Reimbursement coverages fee is being changed to \$10. The renew	N/A //s rates of an advisor Rates are being of coverage options are The vehicle surchar val discount will now //s. /hich will result from FIRST	ry lecreased for Medical Pay be being added for Medical ge list is being revised. The be applied on an annual re the application of	Payments, Towing the down payment enewal basis. COMPANY

Change in Company's premirevision effective July	ium or rate level produced b 1, 2011 -	y rate
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
 Automobile Liability Private Passenger Commercial Automobile Physical Damage 	2753374	-0.8
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certai If so, specify: No.	n territory (territories)or	certain classes?
Brief description of filing. (I	Revising base rates, rating factors, revis factors, raising SDI	introducing zip code
* Adjusted to reflect all prior ** Change in Company's premium l result from application of ne	evel which will w rates. Grinnell Mutual Reinsur	
	Name of Compan	ny
	John Landkamer -	
H29219D	Official - Tit	le

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective 04/01/2011	•

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger	\$2,143,042	0%
Commercial		
Automobile Physical Damag		
Private Passenger	\$1,922,121	0%
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		,
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to cert Classes? If so, specify: No	ain territory (territories) or	certain
Brief description of filing. (If	filing follows rates of an a	ndvison.
Organization, specify	ming lonows rates of all a	iu visoi y
organization):	Introduction of our mu	Iltivariate rating plan
organization).	introduction of our ma	attanate rating plan.
*Adjusted to reflect all prior r **Change in Company's prei		ult from application of new
rates.	THUM IEVEL WHICH WIII 1650	пстотт аррисацоп от нем
14.00.	Hastings Mutual Ir	nsurance Company
		me of Company
	114	

Official - Title

FORM (RF-3)

Change in Company's premiu	m or rate level	produced by rate	revision
effective 06/24/2011			

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	_ Change (+or-) **
1.	Automobile Liability Private		
	Passenger	\$ 6,513,207	+ 8.3%
	Commercial		
2	Automobile Physical Damag		
	Private Passenger	\$ 5,575,740	-2.7%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		**************************************
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11. 12	Inland Marine		
12. 13.	Homeowners		
13. 14.	Commercial Multi-Peril		
1 4 . 15.	Crop Hail Other		
١٠,	Life of Insurance		
*	Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
	•	filing applies to all territories	and classes.
	<u></u>	<u> </u>	
	Brief description of filing. (If f Organization, specify	•	•
	organization):	Overall general rate re	evision.
	Updating numerous rates and factor	ors.	
	*A 1: 4 - 4 4 50 - 4 - 11 12 1		
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.	IDS Property Cas	ualty Insurance Company
			me of Company
			r, Pricing Specialist
			Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	e level produced by rate revision effective	04/1/2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial	\$79,039	4.7%
Automobile Physical Damage	Ψ/ 0,000	
	al\$40,480	0.0%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. OtherLine of Insurance		
Line of Insurance		
Does filing only apply to certain territor	ry (territories) or certain classes? If so, speci	fy: <u>No</u>
Brief description of filing. (If filing folks Property Damage, Personal Injury Pro	ows rates of an advisory organization, specif otection, Unisured Motorist, and Combined S	fy organization): Revised Base rates foingle Limit coverages
		1.00
*Adjusted to reflect all prior rate change in Company's premium leve	ges. el which will result from application of new rat	es.
	Ohio Ca	sualty Insurance Company
		Name of Company
	Tim Car	lson Manager - AM Product
		Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective _		04/1/2011	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private Passenger Commercial	9,657	5.5%	
	5,272	0.0%	
3. Liability Other Than Auto			
4. Burglary and Theft5. Glass			
6. Fidelity			
7. Surety			
Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	<i>y</i> : <u>No</u>	
	s rates of an advisory organization, specify ction, Unisured Motorist, and Combined Sir		
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	s. which will result from application of new rate	es.	
		7. 1	
	Ohio Sec	curity Insurance Company	
		Name of Company	
	Tim Carls	son Manager - AM Product	
		Official – Title	

Change in Company's premium or rate level produced by rate revision effective NB: 02/19/11 Ren: 03/27/11.

	(1) <u>Coverage</u>	(2) Annual P Volume (Il		Ch	(3) Percent ange (+ or		
1.	Automobile Liability Private Passenger	\$23,767	,932		3.1%		
_	Commercial		····				
2.	Automobile Physical Damage						
	Private Passenger Commercial	\$18,267	,030		<u>0.7</u> %		
3.	Liability Other Than Auto						
	Burglary and Theft						
	Glass						
6.	Fidelity						
	Surety						
8.	Boiler and Machinery						
	Fire			-	····		
	Extended Coverage						
	Inland Marine						
	Homeowners						
	Commercial Multi-Peril		 				
	Crop Hail Other						
1).	Line of Insurance				<u> </u>		
	Blife of Insurance						
	s filing only apply to certain cify: No	territory	(territories)	or cert	ain class	ses? If	so,
	-						

Brief description of filing. (If filing following rates of an advisory organization, specify organization): Enhancements to our Personal Auto Program which include changes to Base Rates, Territories, Symbols, Model Years, Limits/Deductibles, Age/Type/Use, Discounts/Surcharges, Unlicensed Recreational Vehicles, and Miscellaneous items. Please see the filing memorandum for a detailed list of the changes made with this filing.

* Adjusted to reflect all prior rate changes.

Owners Insurance Company
Name of Company

Hilary Ludema, Manager
Personal Automobile Actuarial Dept.
Official - Title

30004 (6-77)

[&]quot;Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

Change in Company's premium or ra	te level produced by rate revision
effective 02/07/2011	

-	(1)	(2) Annual Premium	(3) Percent
_	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger	555,139	+20.22%
_	Commercial		
2	Automobile Physical Damag		
	Private Passenger	256,246	+18.39%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		-
١٥.	Life of Insurance		
	Life of frisurance		
•	Does filing only apply to certain Classes? If so,	in territory (territories) or o	certain
	specify: No		
	specify.		
	Brief description of filing. (If fi Organization, specify organization): Determinations and Base Rates and	Amending Rates and R	Ivisory ules Manual Scorecard Point
	*Adjusted to reflect all prior rates.		from application of new
	10.05.	Sagamore Insurance	e Company
			ne of Company
		Jeremy Jaynes - Co	. ,
			Official – Title
			moial - TRIC

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		.15.40/
	Private Passenger Commercial	986,870	+15.4%
2.	Automobile Physical Damage		
۷.	Private Passenger Commercial	527,536	+14.5%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14. 15.	Crop Hail Other		
13.	Line of Insurance		
	Ellie of Insurance		
oes f	iling only apply to certain territory (to	erritories) or certain classes? If so, spe-	cify:
No			
			*C
Brief (lescription of filing. (If filing follows	s rates of an advisory organization, spe- our indications, and Tier Factor change	city organization); s based on loss ratio experience.
Dase	Rate changes by coverage based on t	our mulcations, and Tier ractor change	s based on loss ratio experience
* A	djusted to reflect all prior rate change	es.	
* C	hange in Company's premium level wasult from application of new rates.	hich will	
			elective Insurance Company of
		<u>th</u>	e Southeast
			Name of Company

Alex Maizys - Assistant Vice President - Actuarial

Official - Title

Form (RF-3)

			2/15/2011 NB
Change in (Company's premium or rate level produ	iced by rate revision effective:	4/15/2011 RN
Program:	UCC Patriot		
	(1)	(2)	(3)
	• •	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1	Automobile Liability		
	Private Passenger	\$3,609,041	+12.70%
	Commercial		
2	Automobile Physical Damage		-
	Pri <u>vat</u> e Passenger	\$896,904	+2.67%
	Commercial		
3	Liability Other Than Auto		
4	Burglary and Theft		*
5	Glass		
6	Fidelity		
7	Surety		
8	Boiler and Machinery		
9	Fire		
10	Extended Coverage		
11	Inland Marine		
12	Homeowners		
13	Commercial Multi-Peril		
14	Crop Hail		
15	Other		
O CP		uitanian nu anatain alasana 7 If an a	and if
	g only apply to certain territory (ter		
	lies to all territories and driver class		Downstate It)
Filing doe	s not apply to the UCC Metro prog	ram.	
	cription of filing. (If filing follows ra		
	rate change, UCC is introducing a r		rates, changes in territory
factors, sy	mbol factors and increased limits.		
ii.			
	Adjusted to reflect all prior rate c	_	
**	Change in Company's premium le		
	result from application of new rat	es.	
			al Casualty Company
		Na	me of Company
			Rob Dawson
		AVP, Reg	ional Product Manager

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial	\$1,728,910 (IMT) \$4,497,815 (Wadena	0%
2.	Automobile Physical Damage Private Passenger Commercial	\$1,543,864 (IMT) \$3,664,713 (Wadena)	0%
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other:		
	Line of Insurance iling only apply to certain territor pecify:	ry (territories) or certain classes? NO	

*Adjusted to reflect all prior rate changes.

Symbols for 2011 Vehicles.

The IMT Group (IMT Insurance Company, Wadena Insurance Company) Name of Company

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective _		04/1/2011	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private Passenger Commercial	4,645,247	4.8%	
Automobile Physical Damage Private Passenger Commercial	3,033,969	0.0%	
3. Liability Other Than Auto			
Burglary and Theft Class			
5. Glass 6. Fidelity			
7. Surety			
8. Boiler and Machinery	Minute of Section		
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territory (territories) or certain classes? If so, specify	y: <u>No</u>	
	rates of an advisory organization, specify tion, Unisured Motorist, and Combined Sir		
·			
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rate	es.	
	Mant Am	orioon Incurance Company	
	West Ame	erican Insurance Company Name of Company	
	Tim Carls	son Manager - AM Product Official - Title	
		Official – Title	